only effect the removal of that condition of the muscles which is in most cases consequent upon the paralysis, and which remains after the immediate cause of the paralysis has been removed. So long as the cause by which the nervous communication between the affected muscles and the nervous centre is interrupted or suspended, continues, the remedial measures proposed by Dr. B. must necessarily be powerless. And in those cases in which the paralysis is the result of an entire disruption of the nervous connection of the muscles with the brain—the instrument of the will—it must be evident that so long as that disruption continues no means directed to the palsied limbs, no mental efforts on the part of the patient, no system of gymnastic education, will succeed in restoring the dominion of the will over the disabled muscles. If the nervous lesions are irreparable, the paralysis, do what we may, will be permanent.

It is very probable that, in certain cases, the inceptive phenomena of an attack of paralysis may be removed, and the attack prevented by well regulated muscular exercise. It appears to us, however, that such cases must be very limited in number, and, of course, of unfrequent occurrence. Dr. B. desires to speak of the efficacy of exercise for the removal of the premonitory symptoms of a paralytic seizure, "somewhat emphatically and positively," from having found it, during a long and tolerably extensive practice, uniformly successful when connected with other proper hygienic measures. D. F. C.

ART. XXVI.—*A Report upon some of the more Important Points connected with the Treatment of Syphilis.* By HOLMES COOTE, F. R. C. S., &c. London, 1857. Octavo, p. 141.

IN this report, Mr. Coote gives his own experience upon the subject of venereal diseases; abstaining, as far as possible, from quoting the opinions of others. He endeavours specially to prove "that syphilitic sores owe their distinctive characters to the action of the poison on particular tissues; that there is but one poison, which may produce any of the varieties of secondary or constitutional symptoms; and that the occurrence of bubo, whether suppurating or not, has no influence upon the constitutional effects." These doctrines of Mr. Coote have the advantage of simplicity, and what is more, of greatly facilitating the treatment of syphilitic affections. Unfortunately, however, they are not legitimately deducible, at least in our opinion, from the phenomena he has himself witnessed and recorded, and their truth is, certainly, totally irreconcilable with what has been observed by others.

The contents of this publication are divided into eight chapters, which have these headings: Introduction, Blennorrhagia and Gonorrhœa, Primary Syphilis, On Inflammation affecting Syphilitic Sores, On Diseases Resembling Syphilis, Secondary Symptoms, Tertiary Syphilis, Infantile Syphilis.

In the introduction, after professing his inability to offer any suggestions respecting the exact mode of origin of the venereal disease, Mr. Coote declares it to be his belief that chancre is the effect of promiscuous sexual intercourse; that it is engendered by the mode of life to which prostitutes are exposed. This appears to him—and his mode of expression is rather strange—"to be the only explanation of the ubiquity of syphilis throughout all nations, in the enjoyment of the present customs of civilization." More than this, he believes that the filthier the habits of prostitutes, the more severe the disease they communicate (p. 7), which is somewhat at variance with the statement in the preface, "that there is but one poison which may produce any of the varieties of secondary or constitutional symptoms."

The grounds given by Mr. Coote as those upon which he founds this belief as to the origin of syphilis are by no means satisfactory. For instance, he states that when in Asiatic Turkey, he knew several of the medical officers of a large encampment of native cavalry, who informed him that primary venereal sores about the anus were frequent among the men. He says: "The question arises, whence came this poison? Was it introduced by some one who contracted the disease from a female? This is the most ready solution of the question; but then it is destitute of proof, and the difficulty of access to women in the east is proverbial." Most persons, contrary to Mr. Coote, must prefer what he calls, the most ready solution of the question. As to the difficulty of access to women in the east, some of the recent publications in regard to Bishop Gobat and the Jerusalem Bishopric, show that it is far from possible to consider it at all in the matter. One of the bishop's protégés, Hanna Hadout, lived by prostituting his mother and sisters, and by competent English medical men, his two first wives are declared to have died from the effect of excessive prostitution.

At the present day, syphilitic sores are no more generated by filthy habits, than maggots by putrid flesh. Syphilis is always transmitted, it is never spontaneously developed.

After concluding as to the origin of the syphilitic virus, Mr. Coote asks by what channels it is conveyed into the system; whether it is taken up by the absorbent vessels, or mixes immediately with the current of blood in the veins. In considering this question, on the occasion of a certain experiment performed upon the intestine of an animal, Mr. Coote states that the "thoracic duct, which receives the contents of the lacteals, does not in all probability convey into the venous system the whole amount of digested food, but only the more highly organized constituents. The saline and some fatty material is supposed to be removed by the veins." There is surely no occasion of thus assigning fanciful functions to certain organs, functions which any one acquainted at all with physiology knows to be erroneous, in order to conclude that the absorption of syphilitic virus is made by the lymphatics. Experiment shows that it is carried by them as far as the first ganglions which correspond directly with the chancres; and never any further, as *primitive* pus. This should be sufficient, and fanciful notions on the subject, as arguments, are not required.

In Chapter II., upon Blennorrhagia and Gonorrhœa, there is nothing remarkable, except the opinion that gonorrhœa is a constitutional affection. This opinion is founded mainly upon a case which came under Mr. Coote's notice. A prisoner was admitted into the City Bridewell suffering from gonorrhœa, which he had contracted a fortnight before his imprisonment. Under the use of the copaiba mixture and a weak solution of sulphate of zinc, the discharge disappeared in about three weeks, when he went to full work upon the treadmill. A superficial non-indurated venereal sore soon appeared upon the integuments of the under surface of the penis. It healed under the usual treatment. Now it is obvious, Mr. Coote says, that the man could not have exposed himself to contagion for at least three weeks—probably not for five—and whence came the poison which had produced the ulceration? He declares that he "is inclined to regard it as an illustration of Hunter's doctrine—that two constitutional diseases do not readily go on together" (p. 32). It is really extraordinary, notwithstanding the many instances every day witnessed of strange opinions and queer deductions, to see it argued thus that gonorrhœa is a constitutional disease.

The rest of the work, as is seen by the list of contents already given, treats of primary and constitutional syphilis. We learn from its study that Mr. Coote believes that secondary symptoms can be communicated from one person to another in other ways than by a primary sore, or by fecundation, that he believes in buboes *d'emblée*, that he knows of no relation between the occurrence of bubo and the frequency of secondary syphilis, and that indurated and non-indurated sores are all equally liable to be followed by constitutional effects. Now all these things have been shown to be erroneous, by what, to our minds, is irrefragable testimony; and we see nothing whatever in Mr. Coote's statements to shake our own opinions.

There are what might be styled opinions of the will; which, in spite of everything, a man holds because it is his wish to do so. Of them, one can truly say, "quod mavult credere homo, id credit." In such cases it is useless to argue. The old lines are very true,

A man convinced against his will,
Is of the same opinion still.

In his *advertisement* Mr. Coote professes to be acquainted with the opinions expressed by other writers upon syphilis, and to have perused their works with interest. Under such circumstances we must express some astonishment at his opinions, but we believe that there is no use in again discussing them.

W. F. A.

ART. XXVII.—*Journal de la Physiologie de l'Homme et des Animaux.* Publié sous la direction du docteur E. BROWN-SÉQUARD. Tome premier, Avril, 1858. Paris: J. B. Baillière et Fils; Londres et New York: H. Baillière.

THIS, the second number of the *Journal de la Physiologie,* fully sustains the very favourable opinions which greeted the appearance of the first. Dr. Séquard, its able and industrious editor, is evidently determined to make his Journal the vehicle of much that is both new and valuable in physiological science, and thus render it an indispensable addition to the library of every scientific practitioner of medicine.

Until within a very few years, it has been the custom to regard pure physiology as a science more speculative and theoretical than substantial and practical; fuller of crude and fanciful notions than of important and well-established facts; and, consequently, as of little or no practical use to the healing art. Those, however, who have most narrowly inspected the toilsome course of modern physiology, from the time of Haller and Harvey, its justly reputed fathers and founders, down to the present day, know that it has been steadily progressive, constantly accumulating numerous and highly valuable facts, the true nature and relations of which have, in many instances, been thoroughly determined, and a positive step thus made towards the establishment of the fundamental principles or laws of the science. As a necessary result of this progression, physiology is, at the present moment, specializing itself in another direction. It is assuming, in fact, the character of an applied science, and practical physicians of all countries, with a daily increasing confidence in its capabilities, are hopefully looking to it to illuminate their empirical and uncertain course, and dissipate the doubts which hover, fog-like, about their path. The importance, indeed, of applying physiological facts to the elucidation of the complex problems of pathology is slowly but strongly attracting the earnest and respectful attention of the profession. This we regard as a healthy sign. It indicates that the *ars medendi,* after wearily marching and counter-marching for 2000 years, has, at length, discovered the only path which is capable of conducting it to its appropriate place in the circle of the exact sciences. Indeed, we firmly believe, and this belief we have elsewhere maintained, that theoretical and practical medicine can never become a rational, philosophical system, unless it be based upon a strictly scientific physiology, whose numerous and complicated phenomena have been carefully generalized in accordance with the inductive method, and reduced to a few simple laws or expressions. The increasing interest in physiology, daily manifested by the so-called practical men of the profession, is stimulating to renewed exertions those patient and laborious investigators who have so nobly devoted their lives and brilliant talents to the advancement of their favourite science. The foundation, in 1849, of the Société de Biologie of Paris, the existence of similar institutions in different parts of Europe, especially in Germany, the creation of a Biological Department in the Academy of Natural Sciences of Philadelphia, and the establishment of the Journal before us, devoted entirely to the interests of physiology, are some of the proofs of the growing estimation of the importance of this science.

The present number of the Journal contains thirteen original memoirs, contributed by MM. Brown-Séquard, Bernard, Robin, Blondlot, and others; the